PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									09/490366				
	<u> </u>	SMALI TYPE			OR	OTHER							
то	TAL CLAIMS		(Column 1					RAT	E	FEE	1 1	RATE	FEE
FO	R		NUMBER FILED		NUMBE	NUMBER EXTRA		BASIC	FEE	355.00	ОЯ	BASIC FEE	710.00
10	TAL CHARGEA	BLE CLAIMS	/5 minus 20=		•			X\$ 9	9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 minus 3 =		•			X40=			OR	X80=	
	LTIPLE DEPENI		RESENT						5=		OR	+270=	
• 11	the difference	in column 1 is i	less than ze	zero, enter "0" in column 2				TOTAL RSS		355.	OR	TOTAL	
CLAIMS AS AMENDED - PART II										ENTITY	OR	OTHER SMALL E	
Q.		(Column 1)	,		HEST	(Column 3)	ነ ነ	- July	_	ADD:	ا آ		ADDI
K	,	REMAINING . AFTER		NUM PREVI	ABER HOUSLY	PRESENT EXTRA		RAT	ΤE	TIONAL		RATE	TIONAL FEE
<b>AMENDMENT X</b>	Total	AMENDMENT	Minus	PAID : J	Ø FOR	-7	1	X\$ 9	9=	43,00	OR	X\$18=	
MEN	Independent	. 3	Minus	3	3 .		1	X40	)= 		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13!	5=		OR	+270=	1
									OYAL FEE		4	YOTAL ADDIT, FEE	
//	11-17-04 (Column 1) (Column 2) (Column 3)								.ret j	Fee R	₹.		
<u>_</u>	-	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HESY MBER NOUSLY D FOR	PRESENT EXTRA	]	RAT	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	.27	Minus	/	17	- /	1	X\$ 9	9=		OR	X\$18=	<u></u>
AMENDMENT	Independent	. 3	Minus		3	1/	1	X40	D=		OR	X80=	
الا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								15=		ОЯ	+270=	
									OYAL		اريا	YOYAL ADOIT, FEE	
۹	1-2605	(Column 1)	1	ADQIT.	.reE		-						
ပ		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUA PREVI	HESY HESY HBER HOUSLY D FOR	PRESENT EXTRA		RAT	τE	AQDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 27	Minus		27	- /	1	XS:	9=		OR	X\$18=	
AMENDMENT	Independent	: 3	Minus	•••	7 CIA!!	= /	4	X40	D=		OR	X80=	
إلا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=	
t to the entry in column 1 is less than the entry in column 2, write '0' in column 3.											OR	TOTAL	
	"If the entry in column 1 is less than the entry in country and the incomment of the column 1 is less than the entry in country in the Highest Number Previously Paid For In THIS SPACE is less than 20, enter "3."  ADDIT. FEE												

FORM PTO-875

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